GP 2612

PATENT
450100-02700
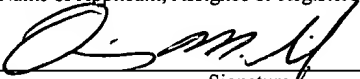
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Takayuki NAKAJIMA, et al.
Serial No.	:	09/658,046
For	:	IMAGE PICKUP APPARATUS WHICH CAN ELIMINATE A FALSE COLOR IN THE SPATIAL FREQUENCY BAND DURING CHROMATIC SIGNAL PROCESSING
Filed	:	September 8, 2000
Examiner	:	James M Hannett
Art Unit	:	2612

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on **November 12, 2004**.

_____**Dennis M. Smid, Reg. No. 34,930**_____
(Name of Applicant, Assignee or Registered Representative)

_____
Signature

_____November 12, 2004_____
Date of Signature

AMENDMENT UNDER 37 C.F.R. §1.121

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of August 12, 2004, please amend this application as follows.

00222621

PATENT
450100-02700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Takayuki NAKAJIMA, et al
Serial No.	:	09/658,046
For	:	IMAGE PICKUP APPARATUS AND IMAGE PICKUP METHOD
Filed	:	September 8, 2000
Examiner	:	James M. Hannett
Art Unit	:	2612

745 Fifth Avenue
New York, NY 10151

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	10	Minus	** =20	* 0 x	$18 (9)	= $ 0
Independent claims	2	Minus	*** =3	* 0 x	$86 (44)	= $ 0
			Total additional fee for this amendment			$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of $290(145) has been previously paid ☐, or is paid herewith ☐.

☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of $_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
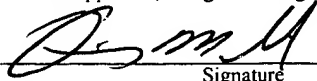
☐ Charge $_____ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on November 12, 2004.

Dennis M. Smid, Reg. No. 34,930
_____
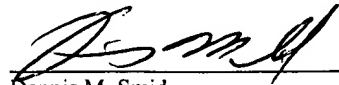Name of Applicant, Assignee or Registered Representative

_____
Signature

November 12, 2004
_____
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: _____
Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800

00231418